### Case 16-81230 Doc 1 Filed 05/18/16 Entered 05/18/16 10:48:06 Desc Main Document Page 1 of 46

| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | ■ Chapter 7                   |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ☐ Chapter 13                  | Check if this an amended filing |

### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | rt 1:   | Identify Yourself  |   |   |   |
|-----|---|--|---|---|---|
|     |   |  | About Debtor 1:   |   | About Debtor 2 (Spouse Only in a Joint Case):                     |
| 1.  | You   | r full name  |   |   |   |
|     | your<br>pictu<br>exar<br>licer<br>Brin-<br>iden | e the name that is on government-issued ure identification (for mple, your driver's ase or passport).  g your picture tification to your eting with the trustee. | Barbara First name  L Middle name  Kozlowski Last name and Suffix (Sr., Jr., II, III) | _ | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |
| 2.  | use<br>Inclu                                    | other names you have<br>d in the last 8 years<br>ude your married or<br>den names.   |   |   |   |
| 3.  | you<br>num<br>Indi                              | y the last 4 digits of<br>r Social Security<br>nber or federal<br>vidual Taxpayer<br>ntification number  | xxx-xx-3426   |   |   |

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Case number (if known)

Debtor 1 Barbara L Kozlowski

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |
|----|---|---|--|--|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |  |
|    | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |  |
|    |   | EINs  | EINs   |  |
| 5. | Where you live  | 991 White Swan Lane   | If Debtor 2 lives at a different address:  |  |
|    |   | Rockford, IL 61108  Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |
|    |   | Winnebago   |  |  |
|    |   | County  | County   |  |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |
| 6. | Why you are choosing this district to file for  | Check one:  | Check one:   |  |
|    | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I<br>have lived in this district longer than in any other<br>district.                 |  |
|    |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |  |
|    |   |   |  |  |

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Case number (if known) Debtor 1 Barbara L Kozlowski

| Check one. (For a brief description of each, see Notice Required by 11 U (Form 2010)). Also, go to the top of page 1 and check the appropriate both choosing to file under  Chapter 7  Chapter 11  Chapter 12  Chapter 13  I will pay the entire fee when I file my petition. Please check with about how you may pay. Typically, if you are paying the fee yourse order. If your attorney is submitting your payment on your behalf, you a pre-printed address.  I need to pay the fee in installments. If you choose this option, sing The Filing Fee in Installments (Official Form 103A).  I request that my fee be waived (You may request this option only but is not required to, waive your fee, and may do so only if your in applies to your family size and you are unable to pay the fee in installments. If you choose this option only but is not required to, waive your fee, and may do so only if your in applies to your family size and you are unable to pay the fee in installments. The Polication to Have the Chapter 7 Filing Fee Waived (Official Form 103A).  No.  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Chapter 11 Chapter 12 Chapter 13  I will pay the entire fee when I file my petition. Please check wite about how you may pay. Typically, if you are paying the fee yourse order. If your attorney is submitting your payment on your behalf, year pre-printed address.  I need to pay the fee in installments. If you choose this option, sing the Filing Fee in Installments (Official Form 103A).  I request that my fee be waived (You may request this option only but is not required to, waive your fee, and may do so only if your in applies to your family size and you are unable to pay the fee in installments. The Policy of the Application to Have the Chapter 7 Filing Fee Waived (Official Fee Maived (Offici |  |  |  |  |  |  |
| Chapter 12 Chapter 13  I will pay the entire fee when I file my petition. Please check wit about how you may pay. Typically, if you are paying the fee yourse order. If your attorney is submitting your payment on your behalf, y a pre-printed address.  I need to pay the fee in installments. If you choose this option, si The Filing Fee in Installments (Official Form 103A).  I request that my fee be waived (You may request this option onl but is not required to, waive your fee, and may do so only if your in applies to your family size and you are unable to pay the fee in inst the Application to Have the Chapter 7 Filing Fee Waived (Official F   | ■ Chapter 7  |  |  |  |  |  |
| B. How you will pay the fee  I will pay the entire fee when I file my petition. Please check wit about how you may pay. Typically, if you are paying the fee yourse order. If your attorney is submitting your payment on your behalf, y a pre-printed address.  I need to pay the fee in installments. If you choose this option, si The Filing Fee in Installments (Official Form 103A).  I request that my fee be waived (You may request this option onl but is not required to, waive your fee, and may do so only if your in applies to your family size and you are unable to pay the fee in inst the Application to Have the Chapter 7 Filing Fee Waived (Official F   |  |  |  |  |  |  |
| I will pay the entire fee when I file my petition. Please check wit about how you may pay. Typically, if you are paying the fee yourse order. If your attorney is submitting your payment on your behalf, y a pre-printed address.  I need to pay the fee in installments. If you choose this option, si The Filing Fee in Installments (Official Form 103A).  I request that my fee be waived (You may request this option onl but is not required to, waive your fee, and may do so only if your in applies to your family size and you are unable to pay the fee in installments. The Application to Have the Chapter 7 Filing Fee Waived (Official Fee Maived (Official Fee Maiv |  |  |  |  |  |  |
| about how you may pay. Typically, if you are paying the fee yourse order. If your attorney is submitting your payment on your behalf, y a pre-printed address.  I need to pay the fee in installments. If you choose this option, si The Filing Fee in Installments (Official Form 103A).  I request that my fee be waived (You may request this option onl but is not required to, waive your fee, and may do so only if your in applies to your family size and you are unable to pay the fee in inst the Application to Have the Chapter 7 Filing Fee Waived (Official F  |  |  |  |  |  |  |
| The Filing Fee in Installments (Official Form 103A).  I request that my fee be waived (You may request this option onle but is not required to, waive your fee, and may do so only if your in applies to your family size and you are unable to pay the fee in install the Application to Have the Chapter 7 Filing Fee Waived (Official Feed).  | elf, you may pay with cash, cashier's check, or money                        |  |  |  |  |  |
| ☐ I request that my fee be waived (You may request this option onl but is not required to, waive your fee, and may do so only if your in applies to your family size and you are unable to pay the fee in inst the Application to Have the Chapter 7 Filing Fee Waived (Official F   | u choose this option, sign and attach the Application for Individuals to Pay |  |  |  |  |  |
| the Application to Have the Chapter 7 Filing Fee Waived (Official F  | ncome is less than 150% of the official poverty line that                    |  |  |  |  |  |
| ). Have you filed for  |  |  |  |  |  |  |
| bankruptcy within the  |  |  |  |  |  |  |
| last 8 years?  | Casa sumbar  |  |  |  |  |  |
| District When District When  | Case number  |  |  |  |  |  |
|  | Case number  |  |  |  |  |  |
| District When  | Case number  |  |  |  |  |  |
| 0. Are any bankruptcy  cases pending or being   No   |  |  |  |  |  |  |
| filed by a spouse who is   |  |  |  |  |  |  |
| Debtor   | Relationship to you  |  |  |  |  |  |
| District When  | Case number, if known  |  |  |  |  |  |
| Debtor   | Relationship to you  |  |  |  |  |  |
| District When  | Case number, if known  |  |  |  |  |  |
| 11. Do you rent your INO. Go to line 12.   |  |  |  |  |  |  |
| Yes. Has your landlord obtained an eviction judgment against you   | u and do you want to stay in your residence?                                 |  |  |  |  |  |
| □ No. Go to line 12.   |  |  |  |  |  |  |
| Yes. Fill out <i>Initial Statement About an Eviction Judg</i> bankruptcy petition.   | gment Against You (Form 101A) and file it with this                          |  |  |  |  |  |

Document Page 4 of 46 Case number (if known) Debtor 1 Barbara L Kozlowski Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation. partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure Bankruptcy Code and are you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs

Number, Street, City, State & Zip Code

needed, why is it needed?

Where is the property?

immediate attention?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

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Debtor 1 Barbara L Kozlowski

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| btor 1 | Barbara L Kozlowski |       | Document       | Page 6 of 46  | Case number (if known) |           |
|--------|---------------------|-------|----------------|---------------|------------------------|-----------|
|        | Case 10-01230       | DOC I | LIIGO 02/10/10 | Eliferen 02/1 | .0/10 10.40.00         | Desc ivia |

Debtor 1 Barbara L Kozlowski

| Par | 6: Answer These Questi   | ons for R   | eporting Purposes  |   |                                   |   |  |
|-----|--|---|--|---|-----------------------------------|---|--|
| 16. | What kind of debts do you have?  | 16a.  | Are your debts primarily consur individual primarily for a personal,                 |   |                                   | in 11 U.S.C. § 101(8) as "incurred by an  |  |
|     |  |   | ☐ No. Go to line 16b.  |   |                                   |   |  |
|     |  |   | Yes. Go to line 17.  |   |                                   |   |  |
|     |  | 16b.  | Are your debts primarily busine money for a business or investme                     |   |                                   |   |  |
|     |  |   | ☐ No. Go to line 16c.  |   |                                   |   |  |
|     |  |   | ☐ Yes. Go to line 17.  |   |                                   |   |  |
|     |  | 16c.  | State the type of debts you owe th   | at are not consun   | ner debts or business de          | bts   |  |
| 17. | Are you filing under<br>Chapter 7?   | □ No.   | I am not filing under Chapter 7. Go to line 18.                                      |   |                                   |   |  |
|     | Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?                                | ■ Yes.  | I am filing under Chapter 7. Do yo are paid that funds will be availabl  ■ No  □ Yes |   |                                   | is excluded and administrative expenses   |  |
| 18. | How many Creditors do you estimate that you owe?   | ■ 1-49<br>□ 50-99<br>□ 100-1<br>□ 200-9   |  | ☐ 1,000-5,000<br>☐ 5001-10,000<br>☐ 10,001-25,00          |                                   | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than100,000   |  |
| 19. | How much do you estimate your assets to be worth?  | <b>\$100</b> ,  | 50,000<br>01 - \$100,000<br>001 - \$500,000<br>001 - \$1 million                     | \$1,000,001 - \$10,000,001  \$50,000,001  \$100,000,000   | - \$50 million<br>- \$100 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |  |
| 20. | How much do you estimate your liabilities to be?   | <b>\$100</b> ,  | 50,000<br>101 - \$100,000<br>1001 - \$500,000<br>1001 - \$1 million                  | \$1,000,001 - \$10,000,001   \$50,000,001   \$100,000,000 | - \$50 million<br>- \$100 million | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion |  |
| Par | 7: Sign Below  |   |  |   |                                   |   |  |
| For | you  | I have ex   | amined this petition, and I declare u  | under penalty of p  | erjury that the information       | on provided is true and correct.  |  |
|     |  |   | chosen to file under Chapter 7, I am<br>ates Code. I understand the relief a         |   |                                   | er Chapter 7, 11,12, or 13 of title 11,<br>e to proceed under Chapter 7.  |  |
|     | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |   |  |   |                                   |   |  |
|     |  | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  |  |   |                                   |   |  |
|     |  | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  /s/ Barbara L Kozlowski |  |   |                                   |   |  |
|     |  | Barbara   | a L Kozlowski<br>e of Debtor 1   |   | Signature of Debtor 2             |   |  |
|     | Executed on May 18, 2016 Executed on MM / DD / YYYY  |   |  |   | D/YYYY                            |   |  |

Debtor 1 Barbara L Kozlowski Document Page 7 of 46 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Roger B. Kellerman                 | Date          | May 18, 2016   |  |
|--|---------------|----------------|--|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY |  |
|  |               |                |  |
| Roger B. Kellerman                     |               |                |  |
| Printed name                           |               |                |  |
| Vella & Lund, P.C.                     |               |                |  |
| Firm name                              |               |                |  |
| 401 West State Street, Suite 300       |               |                |  |
| Rockford, IL 61101                     |               |                |  |
| Number, Street, City, State & ZIP Code |               |                |  |
| Contact phone (815) 965-7979           | Email address |                |  |
|  | =             | -              |  |
| 87851                                  |               |                |  |
| Bar number & State                     |               |                |  |

| Debtor 1              | Barbara L Kozlowski      |                   |             |  |  |  |
|-----------------------|--------------------------|-------------------|-------------|--|--|--|
|                       | First Name               | Middle Name       | Last Name   |  |  |  |
| Debtor 2              |                          |                   |             |  |  |  |
| Spouse if, filing)    | First Name               | Middle Name       | Last Name   |  |  |  |
| Jnited States Ba      | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |  |  |
| O                     |                          |                   |             |  |  |  |
| Case number if known) |                          |                   |             |  |  |  |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

☐ Check if this is an amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|    |  | Your a      | assets<br>of what you own |
|----|--|-------------|---------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$          | 120,000.00                |
|    | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 2,300.00                  |
|    | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 122,300.00                |
| aı | t 2: Summarize Your Liabilities  |             |                           |
|    |  |             | iabilities<br>nt you owe  |
|    | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 283,909.00                |
|    | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$          | 0.00                      |
|    | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 67,914.00                 |
|    | Your total liabilities   | \$          | 351,823.00                |
| aı | t 3: Summarize Your Income and Expenses  |             |                           |
|    | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 1,740.00                  |
|    | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 1,730.00                  |
| aı | t 4: Answer These Questions for Administrative and Statistical Records   |             |                           |
|    | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other sc | hedules.                  |
|    | ■ Yes What kind of debt do you have?   |             |                           |
|    | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a   | a personal  | , family, or              |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              |

1,740.00 \$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Don't A on Oak and a 5/5 compath of allowing  | Total clai | m    |
|--|------------|------|
| From Part 4 on Schedule E/F, copy the following:   |            |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$         | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$         | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$         | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$         | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$         | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$        | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$         | 0.00 |

| C  | Case 16-81230 Doc 1   | Filed 05/18/16<br>Document                                  | Entered 05/18/1<br>Page 10 of 46  | .6 10:48:0                               | )6 De         | sc Main       |                                |
|--|---|---|---|--|---------------|---------------|--------------------------------|
| Fill in this info  | ormation to identify your case and  |   | F 80C 10 01 40  |  |               |               |                                |
| Debtor 1   | Barbara L Kozlowski   |   |   |  |               |               |                                |
|  |   | ddle Name   | Last Name   |  |               |               |                                |
| Debtor 2<br>(Spouse, if filing)  | First Name Mid  | ddle Name   | Last Name   |  |               |               |                                |
| United States E  | Bankruptcy Court for the: NORTHI  | ERN DISTRICT OF ILLI  | NOIS  |  |               |               |                                |
| Case number  |   |   | _   |  |               |               | k if this is an<br>ded filing  |
| Schedune each category hink it fits best. Information. If manswer every qu | orm 106A/B  ILE A/B: Property  I, separately list and describe items. Li Be as complete and accurate as poss ore space is needed, attach a separate lestion.  De Each Residence, Building, Land, or | sible. If two married people<br>e sheet to this form. On th | e are filing together, both are<br>le top of any additional pages         | equally respon                           | nsible for su | pplying corr  | ect                            |
| Yes. Where   | e is the property?  | What is the propert   | v? Chack all that apply   |  |               |               |                                |
|  | ss, if available, or other description  | <ul><li>Single-family</li><li>Duplex or mu</li></ul>        |   | Do not deduce the amount of Creditors Wh | f any secure  | d claims on S | Schedule D:                    |
|  |   | Land  | or mobile home  | Current valu                             | rty?          | Current va    | ou own?                        |
| City   | State ZIP Code  | ☐ Investment pr☐ Timeshare☐ Other☐                          | operty  | Describe the                             | simple, ten   | our ownersh   | nip interest<br>entireties, or |
|  |   | Debtor 1 only   |   | a life estate) Fee simpl                 | -             |               |                                |
| County   |   |   | Debtor 2 only fithe debtors and another                                   | (see instr                               | uctions)      | munity prop   | erty                           |
|  |   | property identificati                                       | ou wish to add about this iter<br>ion number:<br>Dr., S.W., Poplar Grove, | •  | 11            |               |                                |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.......

\$120,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| Deb         | otor 1                   | Case 16-81230 Doc<br>Barbara L Kozlowski  | 1 Filed 05/18/16<br>Document                              | Page 11 of 46               | /16 10:48:06 D                           | esc Main  |
|-------------|--------------------------|---|---|-----------------------------|--|---|
| 3. <b>C</b> | ars, vai                 | ns, trucks, tractors, sport utility v   | ehicles, motorcycles                                      |                             | _  |   |
|             | l No                     |   |   |                             |  |   |
|             |                          |   |   |                             |  |   |
|             | Yes                      |   |   |                             |  |   |
| 3.1         | Make                     | a.  | Who has an interest in th                                 | e property? Check and       | Do not deduct secured                    | claims or exemptions. Put   |
| 3.1         | Mode                     |   | _   | e property: Check one       |  | red claims on Schedule D: laims Secured by Property.                              |
|             | Year:                    |   | <ul><li>■ Debtor 1 only</li><li>□ Debtor 2 only</li></ul> |                             |  |   |
|             |                          | oximate mileage:  | Debtor 1 and Debtor 2                                     | only                        | Current value of the<br>entire property? | Current value of the<br>portion you own?  |
|             |                          | r information:  | ☐ At least one of the debt                                | •                           |  |   |
|             | 2001                     | 1 Saturn  |   |                             | ** ***                                   | 44 000 00   |
|             |                          |   | Check if this is comm (see instructions)                  | unity property              | \$1,000.00                               | \$1,000.00  |
| 5 #         |                          | e dollar value of the portion you ov<br>you have attached for Part 2. Write                                 |   |                             |  | \$1,000.00  |
| 6. <b>H</b> | ouseho                   | on or have any legal or equitable in<br>old goods and furnishings<br>es: Major appliances, furniture, linen | ·   | ring items?                 |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|             | Yes.                     | Describe  |   |                             |  |   |
|             |                          |   |   |                             |  |   |
|             |                          | Misc. used hou  | usehold goods and furr                                    | nishings                    |  | \$300.00  |
| 8. <b>C</b> | ■ No<br>□ Yes.           | es: Televisions and radios; audio, vio<br>including cell phones, cameras, i<br>Describe                     | media players, games                                      |                             |  |   |
|             | No                       | es: Antiques and figurines; paintings other collections, memorabilia, c  Describe                           |   | oks, pictures, or other art | objects; stamp, coin, or b               | paseball card collections;  |
| E           |                          | ent for sports and hobbies<br>es: Sports, photographic, exercise, a<br>musical instruments                  | and other hobby equipment;                                | bicycles, pool tables, gol  | f clubs, skis; canoes and                | kayaks; carpentry tools;  |
|             | ☐ Yes.                   | Describe  |   |                             |  |   |
| _           | Firearm<br>Examp<br>■ No | <b>ns</b><br><i>oles:</i> Pistols, rifles, shotguns, ammur  | nition, and related equipmen                              | t                           |  |   |
| Г           | ] Yes.                   | Describe  |   |                             |  |   |

| De  | ebtor 1                    | Barbara L Kozlowski   | Document                   | Page 12 of 46             | Case number (if known)      |   |
|-----|----------------------------|---|----------------------------|---------------------------|-----------------------------|---|
|     | _ ′                        | s<br>les: Everyday clothes, furs, leather c   | oats, designer wear, sho   | es, accessories           |                             |   |
|     | □ No<br>■ Yes              | Describe  |                            |                           |                             |   |
|     | <b>—</b> 103.              |   |                            |                           |                             |   |
|     |                            | Misc. used wea  | ring apparel               |                           |                             | \$200.00  |
|     | □ No ′                     | /<br>//es: Everyday jewelry, costume jewe<br>Describe                                 | lry, engagement rings, w   | edding rings, heirloom je | ewelry, watches, gems, g    | old, silver   |
|     |                            | Misc. used jewe   | elry                       |                           |                             | \$250.00  |
|     |                            |   |                            |                           |                             | <del></del>   |
|     | Examp  ■ No □ Yes.         | m animals les: Dogs, cats, birds, horses  Describe  ner personal and household items  | you did not already list   | t, including any health   | aids you did not list       |   |
|     | ■ No                       | 0   |                            |                           |                             |   |
|     | ⊔ Yes.                     | Give specific information   |                            |                           |                             |   |
| 15  |                            | he dollar value of all of your entrie<br>rt 3. Write that number here                 | , ,                        |                           | you have attached           | \$750.00  |
| Pa  | rt 4: Des                  | scribe Your Financial Assets  |                            |                           |                             |   |
| Do  | you ow                     | n or have any legal or equitable in   | terest in any of the follo | owing?                    |                             | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|     | □ No                       | les: Money you have in your wallet, i   |                            |                           | when you file your petition | on  |
|     |                            |   |                            |                           |                             | <b>\$50.00</b>  |
|     |                            |   |                            |                           | Cash on hand                | \$50.00   |
|     | Examp                      | ts of money les: Checking, savings, or other finar institutions. If you have multiple |                            | institution, list each.   | redit unions, brokerage ł   | nouses, and other similar   |
|     | ■ Yes                      |   | manduo                     | ii name.                  |                             |   |
|     |                            | 17.1.   | Checki                     | ng Account at Chase       | e Bank                      | \$500.00  |
| 18. |                            | mutual funds, or publicly traded s<br>les: Bond funds, investment account             |                            | noney market accounts     |                             |   |
|     |                            | Institution   | or issuer name:            |                           |                             |   |
| 19. | Non-pu<br>joint ve<br>■ No | blicly traded stock and interests in<br>enture  | n incorporated and unir    | ncorporated businesse     | es, including an interes    | t in an LLC, partnership, and   |
|     |                            | Give specific information about them  | 1                          |                           |                             |   |
|     |                            | Name of entity  |                            |                           | % of ownership:             |   |

Official Form 106A/B Schedule A/B: Property page 3

| De  | ebtor 1 Barbara L Kozlowski   | Document                    | Page 13 of          | f 46<br>Case number (if known)   |   |
|-----|---|-----------------------------|---------------------|----------------------------------|---|
| De  | Barbara L ROZIOWSKI   |                             |                     | - Case Humber (II known)         |   |
| 20. | Government and corporate bonds and other Negotiable instruments include personal check Non-negotiable instruments are those you cannot no | s, cashiers' checks, pro    | missory notes, an   | nd money orders.                 |   |
|     | ☐ Yes. Give specific information about them Issuer name:  |                             |                     |                                  |   |
| 21. | Retirement or pension accounts  Examples: Interests in IRA, ERISA, Keogh, 401  ■ No   | 1(k), 403(b), thrift saving | s accounts, or oth  | ner pension or profit-sharing pl | ans   |
|     | Yes. List each account separately.  Type of account:  | Institution r               | ame:                |                                  |   |
| 22. | Security deposits and prepayments Your share of all unused deposits you have ma Examples: Agreements with landlords, prepaid  No          |                             |                     |                                  | es, or others   |
|     | □ Yes   | Institution r               | ame or individual   | l:                               |   |
| 23. | Annuities (A contract for a periodic payment of ■ No  | money to you, either for    | life or for a numb  | per of years)                    |   |
|     | Yes Issuer name and descripti   | ion.                        |                     |                                  |   |
|     | Interests in an education IRA, in an account i 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).  ■ No                                      | n a qualified ABLE pro      | ogram, or under     | a qualified state tuition prog   | ram.  |
|     | ☐ Yes Institution name and desc   | ription. Separately file th | ne records of any   | interests.11 U.S.C. § 521(c):    |   |
|     | Trusts, equitable or future interests in prope  ■ No  □ Yes. Give specific information about them   | rty (other than anythin     | g listed in line 1  | ), and rights or powers exerc    | cisable for your benefit  |
|     | Patents, copyrights, trademarks, trade secre  | ts and other intellectu     | ial property        |                                  |   |
|     | Examples: Internet domain names, websites, p  No  |                             |                     | ements                           |   |
|     | Yes. Give specific information about them   |                             |                     |                                  |   |
| 27. | Licenses, franchises, and other general intal<br>Examples: Building permits, exclusive licenses  ■ No                                     |                             | n holdings, liquor  | licenses, professional licenses  | 3   |
|     | ☐ Yes. Give specific information about them   |                             |                     |                                  |   |
| Me  | oney or property owed to you?   |                             |                     |                                  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owed to you   |                             |                     |                                  |   |
|     | <ul><li>■ No</li><li>□ Yes. Give specific information about them, inc</li></ul>   | cluding whether you alre    | ady filed the retur | ns and the tax years             |   |
| 29. | Family support  Examples: Past due or lump sum alimony, spor  ■ No  | usal support, child suppo   | ort, maintenance,   | divorce settlement, property s   | ettlement   |
|     | Yes. Give specific information  |                             |                     |                                  |   |
| 20  | Other amounts compone awas you  |                             |                     |                                  |   |
| პ∪. | Other amounts someone owes you  Examples: Unpaid wages, disability insurance pone benefits; unpaid loans you made to                      |                             | efits, sick pay, va | cation pay, workers' compens     | eation, Social Security   |
|     | ■ No □ Yes. Give specific information   |                             |                     |                                  |   |

| Debtor 1     | Barbara L Kozlowski   | Document                  | Page 14 of 46 Case number (if known)                   |                            |
|--------------|---|---------------------------|--|----------------------------|
|              | sts in insurance policies  ples: Health, disability, or life insurance; h   | ealth savings account (   | HSA); credit, homeowner's, or renter's insura          | nce                        |
|              | Name the insurance company of each po<br>Company name:  | olicy and list its value. | Beneficiary:   | Surrender or refund value: |
| If you some  | nterest in property that is due you from are the beneficiary of a living trust, expectione has died.  Give specific information |                           | ed<br>surance policy, or are currently entitled to rec | eive property because      |
| Exam<br>■ No | s against third parties, whether or not yples: Accidents, employment disputes, ins  |                           |  |                            |
| ■ No         | contingent and unliquidated claims of  Describe each claim  | every nature, includin    | g counterclaims of the debtor and rights to            | o set off claims           |
| ■ No         | nancial assets you did not already list  Give specific information  |                           |  |                            |
|              | the dollar value of all of your entries fro<br>art 4. Write that number here  |                           | ny entries for pages you have attached                 | \$550.00                   |
| Part 5: De   | escribe Any Business-Related Property You   | Own or Have an Interest   | In. List any real estate in Part 1.                    |                            |
| No. G        | own or have any legal or equitable interest i<br>o to Part 6.<br>Go to line 38.   | in any business-related p | property?  |                            |
|              | escribe Any Farm- and Commercial Fishing-l<br>you own or have an interest in farmland, list it in                               |                           | n or Have an Interest In.                              |                            |
| ■ No         | u own or have any legal or equitable in<br>. Go to Part 7.<br>s. Go to line 47.   | terest in any farm- or    | commercial fishing-related property?                   |                            |
| Part 7:      | Describe All Property You Own or Have a   | n Interest in That You Di | d Not List Above                                       |                            |
| Exam<br>■ No | u have other property of any kind you oples: Season tickets, country club member  |                           |  |                            |
|              | the dollar value of all of your entries from  | om Part 7. Write that r   | number here  | \$0.00                     |

Official Form 106A/B Schedule A/B: Property page 5

Page 15 of 46

Case number (if known) Document Debtor 1 Barbara L Kozlowski

| Part | Es: List the Totals of Each Part of this Form                |            |                              |              |
|------|--|------------|------------------------------|--------------|
| 55.  | Part 1: Total real estate, line 2                            |            |                              | \$120,000.00 |
| 56.  | Part 2: Total vehicles, line 5                               | \$1,000.00 |                              |              |
| 57.  | Part 3: Total personal and household items, line 15          | \$750.00   |                              |              |
| 58.  | Part 4: Total financial assets, line 36                      | \$550.00   |                              |              |
| 59.  | Part 5: Total business-related property, line 45             | \$0.00     |                              |              |
| 60.  | Part 6: Total farm- and fishing-related property, line 52    | \$0.00     |                              |              |
| 61.  | Part 7: Total other property not listed, line 54 +           | \$0.00     |                              |              |
| 62.  | Total personal property. Add lines 56 through 61             | \$2,300.00 | Copy personal property total | \$2,300.00   |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62 |            |                              | \$122,300.00 |

Official Form 106A/B Schedule A/B: Property page 6

|                     |                          |                   | 11 1 11111: 10 (1) 10 |                       |
|---------------------|--------------------------|-------------------|-----------------------|-----------------------|
| Fill in this infor  | mation to identify your  | case:             |                       |                       |
| Debtor 1            | Barbara L Kozlov         | vski              |                       |                       |
|                     | First Name               | Middle Name       | Last Name             |                       |
| Debtor 2            |                          |                   |                       |                       |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name             |                       |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS           |                       |
| Case number         |                          |                   |                       |                       |
| (if known)          |                          |                   |                       | ☐ Check if this is an |
|                     |                          |                   |                       | amended filing        |

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify t | the Property | You Claim : | as Exempt |
|---------|------------|--------------|-------------|-----------|
|---------|------------|--------------|-------------|-----------|

| 1. | Which set of exemptions are | vou claiming? | Check one only. | even if your spo | ouse is filing with you |
|----|-----------------------------|---------------|-----------------|------------------|-------------------------|
|    |                             |               |                 |                  |                         |

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Current value of the portion you own | Amo               | ount of the exemption you claim                                 | Specific laws that allow exemption   |
|--------------------------------------|-------------------|---|--|
| Copy the value from<br>Schedule A/B  | Che               | ck only one box for each exemption.                             |  |
| \$300.00                             |                   | \$300.00  | 735 ILCS 5/12-1001(b)  |
|                                      |                   | 100% of fair market value, up to any applicable statutory limit |  |
| \$200.00                             |                   | \$200.00  | 735 ILCS 5/12-1001(a)  |
|                                      |                   | 100% of fair market value, up to any applicable statutory limit |  |
| \$250.00                             |                   | \$250.00  | 735 ILCS 5/12-1001(b)  |
|                                      |                   | 100% of fair market value, up to any applicable statutory limit |  |
| \$50.00                              |                   | \$50.00   | 735 ILCS 5/12-1001(b)  |
|                                      |                   | 100% of fair market value, up to any applicable statutory limit |  |
| \$500.00                             |                   | \$500.00  | 735 ILCS 5/12-1001(b)  |
|                                      |                   | 100% of fair market value, up to any applicable statutory limit |  |
|                                      | \$200.00 \$250.00 | \$200.00  | \$300.00  \$300.00  \$300.00  \$300.00  \$300.00  \$300.00  \$300.00  \$200.00  \$200.00  \$200.00  \$250.00  \$250.00  \$250.00  \$300.00  \$250.00  \$250.00  \$300.00  \$250.00  \$300.00 |

Case 16-81230 Doc 1 Filed 05/18/16 Entered 05/18/16 10:48:06 Desc Main

Debtor 1 Barbara L Kozlowski

3. Are you claiming a homestead exemption of more than \$160,375?
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

|                     |                            | Document Pag   | ie 18 o     | of 46                |                        |                    |
|---------------------|----------------------------|--|-------------|----------------------|------------------------|--------------------|
| Fill in this infor  | mation to identify you     | r case:  |             |                      |                        |                    |
| Debtor 1            | Barbara L Kozlo            | weki   |             |                      |                        |                    |
| DCDIOI 1            | First Name                 | Middle Name Last Na  | ame         |                      |                        |                    |
| Debtor 2            |                            |  |             |                      |                        |                    |
| (Spouse if, filing) | First Name                 | Middle Name Last Na  | ame         |                      |                        |                    |
| United States Ba    | ankruptcy Court for the:   | NORTHERN DISTRICT OF ILLINOIS  |             |                      |                        |                    |
| Officed States Da   | ankruptcy Court for the.   | NORTHERN BIOTRIOT OF TEEINOIG  |             |                      |                        |                    |
| Case number         |                            |  |             |                      |                        |                    |
| (if known)          |                            |  |             |                      | ☐ Check                | if this is an      |
|                     |                            |  |             |                      | amen                   | ded filing         |
| ~ <i>(''</i> : =    | 4000                       |  |             |                      |                        |                    |
| Official Forr       | n 106D                     |  |             |                      |                        |                    |
| Schedule            | D: Creditors               | Who Have Claims Secu   | ured b      | by Propert           | У                      | 12/15              |
| de en enmulate en   | d accurate as massible. I  | f two mornied manufactor filing together both  |             | l. roomanaible for a |                        | tion If many anges |
|                     |                            | f two married people are filing together, both<br>out, number the entries, and attach it to this for     |             |                      |                        |                    |
| number (if known)   | •                          |  |             |                      |                        |                    |
| . Do any creditors  | s have claims secured by   | your property?   |             |                      |                        |                    |
| ☐ No. Chec          | k this box and submit th   | nis form to the court with your other schedu   | ıles. You l | have nothing else t  | o report on this form. |                    |
| ■ Ves Fill i        | n all of the information b | pelow  |             |                      |                        |                    |
|                     |                            | SCIOW.   |             |                      |                        |                    |
| Part 1: List A      | II Secured Claims          |  |             | Column A             | Column B               | Column C           |
|                     |                            | nore than one secured claim, list the creditor sep   |             | Amount of claim      | Value of collateral    | Unsecured          |
|                     |                            | s a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name. |             | Do not deduct the    | that supports this     | portion            |
|                     | ·                          | -  |             | value of collateral. | claim                  | If any             |
|                     | Mortgage, LLC              | Describe the property that secures the claim   | n:          | \$221,000.00         | \$120,000.00           | \$101,000.00       |
| Creditor's Nam      |                            | 202 Talladega Dr., S.W., Poplar  |             |                      |                        |                    |
| Hubbard             | ney Megan                  | Grove, IL 61108  |             |                      |                        |                    |
|                     | adison, Suite              | As of the date you file, the claim is: Check all   | that        |                      |                        |                    |
| 1500                | ,                          | apply.   |             |                      |                        |                    |
| Chicago,            | IL 60602                   | ☐ Contingent   |             |                      |                        |                    |
| Number, Stree       | t, City, State & Zip Code  | ☐ Unliquidated   |             |                      |                        |                    |
|                     |                            | ☐ Disputed   |             |                      |                        |                    |
| Who owes the d      | ebt? Check one.            | Nature of lien. Check all that apply.  |             |                      |                        |                    |
| Debtor 1 only       |                            | An agreement you made (such as mortgage  | e or secure | ed                   |                        |                    |
| Debtor 2 only       |                            | car loan)  |             |                      |                        |                    |
| ☐ Debtor 1 and D    | ebtor 2 only               | ☐ Statutory lien (such as tax lien, mechanic's   | lien)       |                      |                        |                    |
| ☐ At least one of   | the debtors and another    | ☐ Judgment lien from a lawsuit   |             |                      |                        |                    |
| ☐ Check if this c   |                            | Other (including a right to offset)  | Mortgag     | je                   |                        |                    |
| community de        | ebt                        |  |             |                      |                        |                    |
| Date debt was inc   | curred                     | Last 4 digits of account number (  | CH86        |                      |                        |                    |
|                     | -                          | <del>-</del>   |             |                      |                        |                    |
| Midwest             | Community                  |  |             |                      |                        |                    |
| 2.2 Bank            | ••••••                     | Describe the property that secures the claim   | n:          | \$62,909.00          | \$120,000.00           | \$62,909.00        |
| Creditor's Nam      | ne                         | 202 Talladega Dr., S.W., Poplar  |             |                      |                        |                    |
|                     |                            | Grove, IL 61108  |             |                      |                        |                    |
|                     |                            | As of the date you file, the claim is: Check all   | that        |                      |                        |                    |
|                     | Perryville Road            | apply.   | uiat        |                      |                        |                    |
|                     | l, IL 61114                | Contingent   |             |                      |                        |                    |
| Number, Stree       | t, City, State & Zip Code  | Unliquidated   |             |                      |                        |                    |
| M/h = dh = d        | -1-10 O                    | Disputed   |             |                      |                        |                    |
| Who owes the de     | ept? Check one.            | Nature of lien. Check all that apply.  |             |                      |                        |                    |
| Debtor 1 only       |                            |  | e or secure | ed                   |                        |                    |
| Debtor 2 only       |                            | _  |             |                      |                        |                    |
| Debtor 1 and D      |                            | Statutory lien (such as tax lien, mechanic's   | lien)       |                      |                        |                    |
| _                   | the debtors and another    | ☐ Judgment lien from a lawsuit   |             |                      |                        |                    |
| ☐ Check if this c   | laim relates to a          | Other (including a right to offset)  |             |                      |                        |                    |

community debt

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| Debtor 1 Ba   | arbara L     | Kozlowski                                   |                                       |       | Case number (if know) |        |  |
|---------------|--------------|---|---------------------------------------|-------|-----------------------|--------|--|
| Firs          | st Name      | Middle Name                                 | Last Name                             |       |                       |        |  |
| Date debt was | s incurred   | Opened<br>9/01/10<br>Last Active<br>2/01/16 | Last 4 digits of account number       | 2208  |                       |        |  |
| Add the doll  | lar value of | vour entries in Columr                      | n A on this page. Write that number h | nere: | \$283.                | 909.00 |  |
|               | last page o  | of your form, add the do                    | ollar value totals from all pages.    |       |                       | 909.00 |  |

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|  |  | Document   | Page 2           | 20 of 46                          | _                      |                          |
|--|--|--|------------------|-----------------------------------|------------------------|--------------------------|
| Fill in this in                                  | nformation to identify your  | case:  |                  |                                   |                        |                          |
| Debtor 1   | Barbara L Kozlow   | /ski   |                  |                                   |                        |                          |
|  | First Name   | Middle Name  | Last Name        |                                   |                        |                          |
| Debtor 2<br>(Spouse if, filing                   | ) First Name   | Middle Name  | Last Name        |                                   |                        |                          |
| (Spouse II, IIIIII)                              | ) Filst Name   | Middle Name  | Last Name        |                                   |                        |                          |
| United State                                     | s Bankruptcy Court for the:  | NORTHERN DISTRICT OF ILL   | LINOIS           |                                   |                        |                          |
| Case numbe                                       | er   |  |                  |                                   |                        |                          |
| (if known)                                       |  |  |                  |                                   | □ c                    | heck if this is an       |
|  |  |  |                  |                                   | aı                     | mended filing            |
| Official F                                       | orm 106E/F   |  |                  |                                   |                        |                          |
|  |  | ho Have Unsecured  | Claime           |                                   |                        | 12/15                    |
|  |  | e Part 1 for creditors with PRIORIT  |                  | I Days 2 few arreditors with N    | IONIDDIODITY alais     |                          |
| Schedule D: C<br>eft. Attach the<br>name and cas | creditors Who Have Claims Sec<br>e Continuation Page to this pag<br>e number (if known). | ired Leases (Official Form 106G). Dured by Property. If more space is a le. If you have no information to rep              | needed, copy     | y the Part you need, fill it o    | ut, number the ent     | ries in the boxes on the |
|  | ist All of Your PRIORITY Un  |  |                  |                                   |                        |                          |
| _ `  | reditors have priority unsecure  | d claims against you?  |                  |                                   |                        |                          |
|  | o to Part 2.   |  |                  |                                   |                        |                          |
| ☐ Yes. Part 2: Li                                | ist All of Your NONPRIORIT   |  |                  |                                   |                        |                          |
| □ No. Yo ■ Yes.                                  | •  | art. Submit this form to the court with  |                  |                                   |                        |                          |
| unsecure   | d claim, list the creditor separately  | aims in the alphabetical order of th<br>for each claim. For each claim listed<br>st the other creditors in Part 3.If you h | d, identify what | t type of claim it is. Do not lis | st claims already incl | luded in Part 1. If more |
|  |  |  |                  |                                   |                        | Total claim              |
| 4.1 <b>Ant</b>                                   | hem Life   | Last 4 digits of acc   | ount number      | 9586                              |                        | \$13,000.00              |
|  | oriority Creditor's Name   | When was the debt  | inourrod?        |                                   |                        |                          |
|  | im Center<br>. Boc 105426  | When was the debt  | incurreur        |                                   |                        |                          |
|  | anta, GA 30348   |  |                  |                                   |                        |                          |
| Num  | ber Street City State Zlp Code   | As of the date you   | file, the claim  | is: Check all that apply          |                        |                          |
| Who  | incurred the debt? Check one.  |  |                  |                                   |                        |                          |
|  | ebtor 1 only   | ☐ Contingent   |                  |                                   |                        |                          |
|  | Debtor 2 only  | ☐ Unliquidated   |                  |                                   |                        |                          |
|  | Debtor 1 and Debtor 2 only   | ☐ Disputed   |                  |                                   |                        |                          |
| ПА   | at least one of the debtors and and  |  | ITY unsecure     | ed claim:                         |                        |                          |
|  | check if this claim is for a comr  |  |                  |                                   |                        |                          |
| debt   |  | Obligations arisin   | ng out of a sep  | paration agreement or divorc      | e that you did not     |                          |
|  | e claim subject to offset?   | report as priority clai  |                  | ing plans, and other similar o    | dobts                  |                          |
| ■ N  |  | •  | •                |                                   |                        |                          |
| □ Y  | 'es  | Other. Specify   | Overpaym         | ent of disability clair           | m                      |                          |

Document Page 21 of 46 Debtor 1 Barbara L Kozlowski Case number (if know) 4.2 **Barclays Bank Delaware** Last 4 digits of account number 0158 \$5.782.00 Nonpriority Creditor's Name Opened 5/01/08 Last Active Po Box 8801 When was the debt incurred? 3/02/16 Wilmington, DE 19899 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.3 **Candlewick Lake Association** Last 4 digits of account number Unknown Nonpriority Creditor's Name When was the debt incurred? c/o Theresa Balk, Registered Agent 13400 Rte. 76 Poplar Grove, IL 61065 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Association Dues ☐ Yes 4.4 **Carmax Auto Finance** Last 4 digits of account number 0364 \$48,589.00 Nonpriority Creditor's Name Opened 7/01/15 Last Active Po Box 440609 When was the debt incurred? 2/08/16 Kennesaw, GA 30160 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

debt

■ No

☐ Yes

Is the claim subject to offset?

report as priority claims

■ Other. Specify Automobile

 $\square$  Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

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| Deptor | Barbara L Koziowski  |  | Case number (if know)                         |          |
|--------|--|--|---|----------|
| 4.5    | Comenity Bank/vctrssec   | Last 4 digits of account number  | 1322  | \$377.00 |
|        | Nonpriority Creditor's Name Po Box 182125 Columbus, OH 43218   | When was the debt incurred?  | Opened 10/01/12 Last Active 1/27/16           |          |
|        | Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim   | is: Check all that apply                      |          |
|        | Debtor 1 only  | ☐ Contingent   |   |          |
|        | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only   | ☐ Unliquidated ☐ Disputed  |   |          |
|        | ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No | Type of NONPRIORITY unsecured  ☐ Student loans  ☐ Obligations arising out of a separeport as priority claims  ☐ Debts to pension or profit-sharing | aration agreement or divorce that you did not |          |
|        | ☐ Yes  | Other Specify Charge Acc   | count   |          |
| 4.6    | Discover Financial Nonpriority Creditor's Name   | Last 4 digits of account number  | 7066  | Unknown  |
|        | Attn: Bankruptcy Po Box 3025 New Albany, OH 43054  | When was the debt incurred?  | Opened 11/26/93 Last Active 10/01/06          |          |
|        | Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim   | is: Check all that apply                      |          |
|        | ■ Debtor 1 only □ Debtor 2 only  | ☐ Contingent☐ Unliquidated   |   |          |
|        | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community              | ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans  |   |          |
|        | debt Is the claim subject to offset?   | report as priority claims  | aration agreement or divorce that you did not |          |
|        | ■ No □ Yes   | ☐ Debts to pension or profit-sharin ☐ Other. Specify Credit Card   |   |          |
| 4.7    | Synchrony Bank/ JC Penneys Nonpriority Creditor's Name   | Last 4 digits of account number  | 5177  | \$166.00 |
|        | Attn: Bankrupty Po Box 103104 Roswell, GA 30076  | When was the debt incurred?  | Opened 10/01/10 Last Active 11/28/13          |          |
|        | Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim   | is: Check all that apply                      |          |
|        | ■ Debtor 1 only □ Debtor 2 only  | ☐ Contingent☐ Unliquidated   |   |          |
|        | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another   | ☐ Disputed  Type of NONPRIORITY unsecured  | d claim:                                      |          |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset?  | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |          |
|        | ■ No   | Debts to pension or profit-sharing   | ng plans, and other similar debts             |          |

### Part 3: List Others to Be Notified About a Debt That You Already Listed

■ Other. Specify Charge Account

☐ Yes

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 Barbara L Kozlowski

Case number (if know)

Name and Address
CarMax Auto Finance
P.O. Box 3174
Milwaukee, WI 53201

On which entry in Part 1 or Part 2 did you list the original creditor?

■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0364

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | 7  | otal Claim |
|--------------|-----|---|-----|----|------------|
|              | 6a. | Domestic support obligations  | 6a. | \$ | 0.00       |
| Total claims |     |   |     |    |            |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00       |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00       |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00       |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00       |
|              |     |   |     |    | otal Claim |
|              | 6f. | Student loans   | 6f. | \$ | 0.00       |
| Total claims |     |   |     |    |            |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00       |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00       |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 67,914.00  |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 67,914.00  |

|                     |                          | DUCUITE           | III FAUE 24 UL4U |
|---------------------|--------------------------|-------------------|------------------|
| Fill in this infor  | mation to identify your  | case:             |                  |
| Debtor 1            | Barbara L Kozlov         | vski              |                  |
|                     | First Name               | Middle Name       | Last Name        |
| Debtor 2            |                          |                   |                  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name        |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |
| Case number         |                          |                   |                  |
| (if known)          |                          |                   |                  |
|                     |                          |                   |                  |

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | r company with | n whom you have the<br>er, Street, City, State and ZIP ( | contract or lease | State what the contract or lease is for |
|-----|-----------|----------------|--|-------------------|---|
| 2.1 |           |                |  |                   |   |
|     | Name      |                |  |                   | _                                       |
|     |           |                |  |                   |   |
|     | Number    | Street         |  |                   | _                                       |
|     |           |                |  |                   |   |
|     | City      |                | State  | ZIP Code          |   |
| 2.2 |           |                |  |                   |   |
|     | Name      |                |  |                   |   |
|     |           |                |  |                   |   |
|     | Number    | Street         |  |                   |   |
|     | 0.1       |                | 01.1   | 710.0             | _                                       |
| 2.3 | City      |                | State  | ZIP Code          |   |
| 2.3 | Name      |                |  |                   | <u> </u>                                |
|     | IName     |                |  |                   |   |
|     |           |                |  |                   |   |
|     | Number    | Street         |  |                   |   |
|     | City      |                | State  | ZIP Code          | <del></del>                             |
| 2.4 | Oity      |                | Olaic  | Zii Gode          |   |
|     | Name      |                |  |                   | _                                       |
|     |           |                |  |                   |   |
|     | Number    | Street         |  |                   | _                                       |
|     | Number    | Olleet         |  |                   |   |
|     | City      |                | State  | ZIP Code          | _                                       |
| 2.5 | •         |                |  |                   |   |
|     | Name      |                |  |                   |   |
|     |           |                |  |                   |   |
|     | Number    | Street         |  |                   | <u> </u>                                |
|     |           |                |  |                   |   |
|     | City      |                | State  | ZIP Code          |   |
|     |           |                |  |                   |   |

|                               |  | Docume   | ent Page 25 d             | of 46  |                          |
|-------------------------------|--|--|---------------------------|--|--------------------------|
| Fill in thi                   | s information to identify y                                | our case:  |                           |  |                          |
| Dobtor 1                      | Dankana I Kaa  | -lavval-!  |                           |  |                          |
| Debtor 1                      | Barbara L Koz  | Middle Name  | Last Name                 |  |                          |
| Debtor 2                      |  |  |                           |  |                          |
| (Spouse if, fi                | ling) First Name   | Middle Name  | Last Name                 |  |                          |
|                               | . 5  | NODTHEDNI DIOTDIOT   | . 0.5 11 1 11 10 10       |  |                          |
| United St                     | ates Bankruptcy Court for th                               | ne: NORTHERN DISTRICT  | OF ILLINOIS               |  |                          |
| Case nun                      | nher   |  |                           |  |                          |
| (if known)                    |  |  |                           | ☐ Che  | eck if this is an        |
|                               |  |  |                           | ame  | ended filing             |
|                               |  |  |                           |  | -                        |
| Officia                       | al Form 106H   |  |                           |  |                          |
| Scho                          | dule H: Your Co  | ndahtars   |                           |  | 40/45                    |
| Scrie                         | dule II. Toul Co   | Juenioi s  |                           |  | 12/15                    |
| 1. Do  ■ No □ Ye  2. Wi Arizo | you have any codebtors?  s thin the last 8 years, have     | wn). Answer every question? (If you are filing a joint case,  you lived in a community prana, Nevada, New Mexico, Pu | do not list either spouse | 'y? (Community property states and ten   | <i>ritorie</i> s include |
| 3. In Co<br>in lin<br>Form    | olumn 1, list all of your coo<br>e 2 again as a codebtor o | nly if that person is a guaran   | spouse as a codebto       | if your spouse is filing with you. Lis<br>sure you have listed the creditor on 9<br>6G). Use Schedule D, Schedule E/F, | Schedule D (Official     |
|                               | Column 1: Your codebtor                                    | - 1 7/D O - 1 -  |                           | Column 2: The creditor to whom   | you owe the debt         |
|                               | Name, Number, Street, City, State a                        | ind ZIF Code   |                           | Check all schedules that apply:  |                          |
| 3.1                           |  |  |                           | ☐ Schedule D. line   |                          |
| 0.1                           | Name   |  |                           | Schedule E/F, line   |                          |
|                               |  |  |                           | ☐ Schedule G, line   | _                        |
|                               |  |  |                           |  |                          |
|                               | Number Street  | 0  | 710.0                     |  |                          |
|                               | City   | State  | ZIP Code                  |  |                          |
| -                             |  |  |                           |  |                          |
| 3.2                           |  |  |                           | ☐ Schedule D, line   |                          |
|                               | Name   |  |                           | ☐ Schedule E/F, line   |                          |
|                               |  |  |                           | ☐ Schedule G, line   | _                        |
|                               |  |  |                           |  |                          |
|                               | Number Street  | Chata  | 710.0-4-                  |  |                          |
|                               | City   | State  | ZIP Code                  |  |                          |

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| Eill               | in this information to identify your o   | 2000  |   |                    |                | I                                     |                          |                              |                 |
|--------------------|--|---|---|--------------------|----------------|---------------------------------------|--------------------------|------------------------------|-----------------|
|                    | otor 1 Barbara L k   |   |   |                    |                |                                       |                          |                              |                 |
|                    | otor 2   |   |   |                    |                |                                       |                          |                              |                 |
|                    | ted States Bankruptcy Court for the  | e: NORTHERN DISTRIC   | CT OF ILLINOIS                                |                    |                |                                       |                          |                              |                 |
|                    | se number  |   | -   |                    |                | Check if this is  An amend  A supplem | ed filing                | g postpetition               | chapter         |
| $\bigcirc$         | fficial Form 106l  |   |   |                    |                |                                       |                          | ollowing date:               |                 |
|                    | chedule I: Your Inc  | ome   |   |                    |                | MM / DD/                              | YYYY                     |                              | 12/15           |
| sup<br>spo<br>atta | as complete and accurate as posplying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | i are married and not fili<br>ur spouse is not filing w<br>On the top of any additi | ng jointly, and your sith you, do not include | spouse<br>de infor | is liv<br>mati | ing with you, inc<br>on about your sp | ude inforr<br>ouse. If m | nation about<br>ore space is | your<br>needed, |
| 1.                 | Fill in your employment information.   |   | Debtor 1                                      |                    |                | Debtor                                | 2 or non-fi              | iling spouse                 |                 |
|                    | If you have more than one job, attach a separate page with   | Employment status   | ■ Employed                                    |                    |                | ☐ Emp                                 | •                        |                              |                 |
|                    | information about additional employers.  | ,   | ☐ Not employed                                |                    |                | ☐ Not e                               | mployed                  |                              |                 |
|                    | Include part-time, seasonal, or self-employed work.  | Occupation Employer's name  | Disabled                                      |                    |                |                                       |                          |                              |                 |
|                    | Occupation may include student or homemaker, if it applies.  | Employer's address  |   |                    |                |                                       |                          |                              |                 |
|                    |  | How long employed t   | here?   |                    |                |                                       |                          |                              |                 |
| Par                | t 2: Give Details About Mo   | nthly Income  |   |                    |                |                                       |                          |                              |                 |
|                    | mate monthly income as of the cuse unless you are separated.   | late you file this form. If   | you have nothing to re                        | eport for          | any            | ine, write \$0 in the                 | space. In                | clude your no                | n-filing        |
|                    | u or your non-filing spouse have m<br>e space, attach a separate sheet to  |   | ombine the information                        | n for all e        | emplo          | oyers for that pers                   | on on the li             | nes below. If                | you need        |
|                    |  |   |   |                    |                | For Debtor 1                          |                          | btor 2 or<br>ing spouse      |                 |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,   |   |   | 2.                 | \$             | 0.00                                  | \$                       | N/A                          |                 |
| 3.                 | Estimate and list monthly over   | time pay.   |   | 3.                 | +\$            | 0.00                                  | +\$                      | N/A                          |                 |
| 4.                 | Calculate gross Income. Add li   | ne 2 + line 3.  |   | 4.                 | \$             | 0.00                                  | \$                       | N/A                          |                 |

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| Deb | tor 1                 | Barbara L Kozlowski  | -          | Case           | number (if known)                       |               |                           |            |          |
|-----|-----------------------|--|------------|----------------|---|---------------|---------------------------|------------|----------|
|     |                       |  |            | For            | Debtor 1                                |               | Debtor 2 o<br>filing spou |            |          |
|     | Cop                   | y line 4 here  | 4.         | \$             | 0.00                                    | \$            |                           | N/A        |          |
| 5.  | l ist                 | all payroll deductions:  |            |                |   |               |                           |            |          |
| 0.  | 5a.                   | Tax, Medicare, and Social Security deductions  | 5a.        | \$             | 0.00                                    | \$            |                           | N/A        |          |
|     | 5b.                   | Mandatory contributions for retirement plans   | 5a.<br>5b. | <b>\$</b> —    | 0.00                                    | · \$          |                           | N/A        |          |
|     | 5c.                   | Voluntary contributions for retirement plans   | 5c.        | \$<br>         | 0.00                                    | · \$          |                           | N/A<br>N/A |          |
|     | 5d.                   | Required repayments of retirement fund loans   | 5d.        | \$—            | 0.00                                    | · \$          |                           | N/A<br>N/A |          |
|     | 5e.                   | Insurance  | 5e.        | \$ <sup></sup> | 0.00                                    | * <b>\$</b> — |                           | N/A        |          |
|     | 5f.                   | Domestic support obligations   | 5f.        | \$_            | 0.00                                    | \$            |                           | N/A        |          |
|     | 5g.                   | Union dues   | 5g.        | \$_            | 0.00                                    | \$<br>—       |                           | N/A        |          |
|     | 5h.                   | Other deductions. Specify:   | 5h.+       | · · · · · ·    | 0.00                                    | · · —         |                           | N/A        |          |
| 6.  |                       | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.         | \$<br>         | 0.00                                    | \$            |                           | N/A        |          |
| 7.  |                       | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.         | \$<br>         | 0.00                                    | \$<br>        |                           | N/A        |          |
| 8.  |                       | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm   | ,.         | Ψ              | 0.00                                    | Ψ             |                           | IN/A       |          |
|     |                       | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  |            |                |   |               |                           |            |          |
|     |                       | monthly net income.  | 8a.        | \$             | 0.00                                    | \$            |                           | N/A        |          |
|     | 8b.                   | Interest and dividends   | 8b.        | <u> </u>       | 0.00                                    | \$            |                           | N/A        |          |
|     | 8c.                   | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.        | \$             |   | \$            |                           | N/A        |          |
|     | 8d.                   | Unemployment compensation  | 8d.        | <b>\$</b> —    | 0.00                                    | · \$          |                           | N/A        |          |
|     | 8e.                   | Social Security  | 8e.        | \$—            | 1,740.00                                | \$<br>        |                           | N/A        |          |
|     | 8f.                   | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: |            | \$             | 0.00                                    | \$            |                           | N/A        |          |
|     | 8g.                   | Pension or retirement income   | 8g.        | \$             | 0.00                                    | \$            |                           | N/A        |          |
|     | 8h.                   | Other monthly income. Specify:   | _ 8h.+     | - \$           | 0.00                                    | + \$          |                           | N/A        |          |
| 9.  | Add                   | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.         | \$             | 1,740.00                                | \$            |                           | N/A        |          |
| 10. | Calo                  | culate monthly income. Add line 7 + line 9.  | 10. \$     |                | 1,740.00 + \$                           |               | N/A =                     | \$         | 1,740.00 |
|     |                       | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | Ľ          |                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |               |                           |            | .,       |
| 11. | Inclu<br>othe<br>Do i | te all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:  | depen      |                | •                                       | •             | chedule J.<br>11. +\$     | S          | 0.00     |
| 12. |                       | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies  |            |                |   |               | 12. \$                    |            | 1,740.00 |
|     |                       |  |            |                |   |               |                           | mbin       |          |
| 13. | Do y                  | you expect an increase or decrease within the year after you file this form No.  Yes. Explain:   | ?          |                |   |               | mc                        | maniy      | income   |

page 2

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| Fill | I in this information to identify your case:   |   |                            |   |   |
|------|--|---|----------------------------|---|---|
| Deb  | btor 1 Barbara L Kozlowski   |   | Chec                       | ck if this is:  |   |
|      | btor 2   |   |                            | An amended filing<br>A supplement show<br>13 expenses as of | ving postpetition chapter the following date:         |
| ` '  | ited States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLIN   | JOIS  | -                          | MM / DD / YYYY  |   |
|      |  | 1013  |                            | וווווו / טט / ז ז ז ז                                       |   |
|      | se number<br>known)  |   |                            |   |   |
|      | official Form 106J   |   |                            |   |   |
|      | chedule J: Your Expenses as complete and accurate as possible. If two married people a   | ro filing together, he                              | th are equ                 | ally responsible fo   | 12/15   |
| info | formation. If more space is needed, attach another sheet to this imber (if known). Answer every question.  |   |                            |   |   |
| Par  | Is this a joint case?  |   |                            |   |   |
|      | ■ No. Go to line 2.  □ Yes. Does Debtor 2 live in a separate household?  |   |                            |   |   |
|      | □ No □ Yes. Debtor 2 must file Official Form 106J-2, <i>Expense</i> .  | s for Separate House                                | <i>hold</i> of Deb         | tor 2.  |   |
| 2.   | Do you have dependents? ■ No   |   |                            |   |   |
|      | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent  | Dependent's relation Debtor 1 or Debtor             |                            | Dependent's age   | Does dependent live with you?                         |
|      | Do not state the   |   |                            |   | □ No  |
|      | dependents names.  |   |                            | _   | ☐ Yes<br>☐ No   |
|      |  |   |                            |   | Yes   |
|      |  |   |                            |   | □ No<br>□ Yes   |
|      |  |   |                            |   | □ No  |
|      |  |   |                            |   | ☐ Yes   |
| 3.   | Do your expenses include expenses of people other than   |   |                            |   |   |
|      | yourself and your dependents?  |   |                            |   |   |
| Est  | et 2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless penses as of a date after the bankruptcy is filed. If this is a supplicable date. | you are using this fo<br>plemental <i>Schedul</i> e | orm as a su<br>J, check th | ipplement in a Cha<br>ne box at the top o                   | apter 13 case to report<br>f the form and fill in the |
| the  | clude expenses paid for with non-cash government assistance evalue of such assistance and have included it on Schedule I:  |   |                            | Va a  |   |
| (Of  | fficial Form 106l.)  |   |                            | Your expe   | enses   |
| 4.   | The rental or home ownership expenses for your residence. payments and any rent for the ground or lot.   | Include first mortgage                              | 4. \$                      | S   | 500.00  |
|      | If not included in line 4:   |   |                            |   |   |
|      | 4a. Real estate taxes  |   | 4a. \$                     |   | 0.00  |
|      | 4b. Property, homeowner's, or renter's insurance   |   | 4b. \$                     |   | 0.00  |
|      | Home maintenance, repair, and upkeep expenses     Homeowner's association or condominium dues  |   | 4c. \$<br>4d. \$           |   | 0.00  |
| 5.   | Additional mortgage payments for your residence, such as he  | ome equity loans                                    | 5. \$                      |   | 0.00  |

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| Debtor 1 Barbara L Kozlowski  | Case num    | ber (if known) |                          |
|---|-------------|----------------|--------------------------|
| 6. Utilities:   |             |                |                          |
| 6a. Electricity, heat, natural gas  | 6a.         | \$             | 100.00                   |
| 6b. Water, sewer, garbage collection  | 6b.         | \$             | 0.00                     |
| 6c. Telephone, cell phone, Internet, satellite, and cable services                                  | 6c.         | ·              | 50.00                    |
| 6d. Other. Specify: <b>Cable</b>  | 6d.         | ·              | 40.00                    |
| Food and housekeeping supplies  | — 7.        | \$             | 360.00                   |
| Childcare and children's education costs  | 7.<br>8.    | \$             |                          |
|   | 9.          | ·              | 0.00                     |
| Clothing, laundry, and dry cleaning   |             | \$             | 50.00                    |
| Personal care products and services   | 10.         | \$             | 30.00                    |
| Medical and dental expenses   | 11.         | \$             | 400.00                   |
| Transportation. Include gas, maintenance, bus or train fare.  | 12.         | \$             | 100.00                   |
| Do not include car payments.  |             | ·              |                          |
| 8. Entertainment, clubs, recreation, newspapers, magazines, and books                               | 13.         | \$             | 100.00                   |
| Charitable contributions and religious donations  | 14.         | \$             | 0.00                     |
| i. Insurance.   |             |                |                          |
| Do not include insurance deducted from your pay or included in lines 4 or 20.                       | 15a.        | ¢              | 0.00                     |
| 15a. Life insurance   |             | •              | 0.00                     |
| 15b. Health insurance   | 15b.        |                | 0.00                     |
| 15c. Vehicle insurance  | 15c.        | ·              | 0.00                     |
| 15d. Other insurance. Specify:  | 15d.        | \$             | 0.00                     |
| . <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.           |             | _              |                          |
| Specify:  | 16.         | \$             | 0.00                     |
| '. Installment or lease payments:   |             |                |                          |
| 17a. Car payments for Vehicle 1   | 17a.        | ·              | 0.00                     |
| 17b. Car payments for Vehicle 2   | 17b.        | \$             | 0.00                     |
| 17c. Other. Specify:  | 17c.        | \$             | 0.00                     |
| 17d. Other. Specify:  | 17d.        | \$             | 0.00                     |
| Your payments of alimony, maintenance, and support that you did not report as                       |             | _              | 0.00                     |
| deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).                     | 18.         | ·              | 0.00                     |
| Other payments you make to support others who do not live with you.                                 |             | \$             | 0.00                     |
| Specify:  | 19.         |                |                          |
| Other real property expenses not included in lines 4 or 5 of this form or on Sche                   | dule I: Yo  | ur Income.     |                          |
| 20a. Mortgages on other property  | 20a.        | \$             | 0.00                     |
| 20b. Real estate taxes  | 20b.        | \$             | 0.00                     |
| 20c. Property, homeowner's, or renter's insurance   | 20c.        | \$             | 0.00                     |
| 20d. Maintenance, repair, and upkeep expenses   | 20d.        | \$             | 0.00                     |
| 20e. Homeowner's association or condominium dues  | 20e.        | \$             | 0.00                     |
| . Other: Specify:   | 21.         | ·              | 0.00                     |
|   |             | -Ψ             | 0.00                     |
| Calculate your monthly expenses   |             |                |                          |
| 22a. Add lines 4 through 21.  |             | \$             | 1,730.00                 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                |             | \$             | ·                        |
| 22c. Add line 22a and 22b. The result is your monthly expenses.                                     |             | \$             | 1,730.00                 |
| 110. Add and 110. The result is your monthly expenses.  |             |                | 1,730.00                 |
| 3. Calculate your monthly net income.   |             |                |                          |
| 23a. Copy line 12 (your combined monthly income) from Schedule I.                                   | 23a.        |                | 1,740.00                 |
| 23b. Copy your monthly expenses from line 22c above.  | 23b.        | -\$            | 1,730.00                 |
|   |             |                | ,                        |
| 23c. Subtract your monthly expenses from your monthly income.                                       |             |                | · · ·                    |
| The result is your <i>monthly net income</i> .  | 23c.        | \$             | 10.00                    |
| • •   |             |                |                          |
| 4. Do you expect an increase or decrease in your expenses within the year after yo                  | u file this | form?          |                          |
| For example, do you expect to finish paying for your car loan within the year or do you expect your |             |                | se or decrease because o |
| modification to the terms of your mortgage?   |             |                |                          |
| ■ No.   |             |                |                          |
| T Ves Explain here:   |             |                |                          |

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| Fill in this info   | umation to identify your                        |                          |                          |                             |                                |
|---------------------|---|--------------------------|--------------------------|-----------------------------|--------------------------------|
|                     | rmation to identify your                        |                          |                          |                             |                                |
| Debtor 1            | Barbara L Kozlov                                | VSKI Middle Name         | Last Name                |                             |                                |
| Debtor 2            | riist Name                                      | Middle Name              | Last Name                |                             |                                |
| (Spouse if, filing) | First Name                                      | Middle Name              | Last Name                |                             |                                |
| United States B     | ankruptcy Court for the:                        | NORTHERN DISTRICT        | OF ILLINOIS              |                             |                                |
|                     | annuapto, countro uno                           |                          |                          |                             |                                |
| Case number         |   |                          |                          |                             |                                |
| (if known)          |   |                          |                          |                             | ☐ Check if this is an          |
|                     |   |                          |                          |                             | amended filing                 |
|                     |   |                          |                          |                             |                                |
| Official For        | m 106Doo  |                          |                          |                             |                                |
|                     |   |                          |                          |                             |                                |
| <b>Declara</b>      | tion About a                                    | ın Individual            | Debtor's So              | chedules                    | 12/15                          |
|                     | 18 U.S.C. §§ 152, 1341, 1<br>gn Below           | 519, and 3571.           |                          |                             |                                |
|                     |   | one who is NOT an attor  | ney to help you fill out | hankruntov forms?           |                                |
| Dia you po          | ay or agree to pay some                         | one who is NOT all allor | ney to neip you iii out  | bankruptcy forms:           |                                |
| ■ No                |   |                          |                          |                             |                                |
| ☐ Yes.              | Name of person                                  |                          |                          |                             | cy Petition Preparer's Notice, |
|                     |   |                          |                          | Declaration, and            | Signature (Official Form 119)  |
|                     | alty of perjury, I declare re true and correct. | that I have read the sum | mary and schedules file  | ed with this declaration an | d                              |
| X /s/ Ba            | rbara L Kozlowski                               |                          | x                        |                             |                                |
| Barba               | ra L Kozlowski                                  |                          | Signature o              | f Debtor 2                  |                                |
| Signatu             | ure of Debtor 1                                 |                          |                          |                             |                                |
| Date                | May 18, 2016                                    |                          | Date                     |                             |                                |

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| Eill is         | thic inform                                   | nation to identify you                     | r 00001   |   |  |   |
|-----------------|---|--|---|---|--|---|
|                 |   | Barbara L Kozlo                            |   |   |  |   |
| Debto           | ווע   | First Name                                 | Middle Name   | Last Name   |  |   |
| Debto<br>(Spous | or 2<br>e if, filing)                         | First Name                                 | Middle Name   | Last Name   |  |   |
| Unite           | d States Bar                                  | nkruptcy Court for the:                    | NORTHERN DISTRICT (   | OF ILLINOIS   |  |   |
| Case            | number  |  |   |   |  |   |
| (if knov        |   |  |   |   | _  | heck if this is an mended filing                      |
| O ((;           | –   | 407  |   |   |  |   |
|                 | cial Fo                                       |  | Affairs for Individ   | duals Filing for B                                    | ankruntov                                  | 4/16  |
|                 |   |  |   |   | equally responsible for sup                |   |
| inforn          | nation. If m                                  | ore space is needed,                       | attach a separate sheet to  |   | additional pages, write you                |   |
|                 |   | ). Answer every que                        |   |   |  |   |
| Part            |   |  | arital Status and Where You   | I Lived Before  |  |   |
| 1. V            | vnat is your                                  | current marital statu                      | IS?   |   |  |   |
|                 | <ul><li>■ Married</li><li>■ Not mar</li></ul> | ried                                       |   |   |  |   |
| 2. C            | ouring the la                                 | ıst 3 years, have you                      | lived anywhere other than   | where you live now?                                   |  |   |
|                 | No  |  |   |   |  |   |
|                 | Yes. Lis                                      | t all of the places you l                  | ived in the last 3 years. Do no   | ot include where you live now                         | <i>'</i> .                                 |   |
| 1               | Debtor 1 Pri                                  | or Address:                                | Dates Debtor 1 lived there  | Debtor 2 Prior Ad                                     | dress:                                     | Dates Debtor 2<br>lived there                         |
|                 |   |  |   |   | ity property state or territory            |   |
| siaies<br>_     | and territori                                 | es include Anzona, Ca                      | illiottila, idatio, Louisiatia, Ne  | vada, New Mexico, Fuello K                            | co, rexas, washington and w                | isconsin.)  |
| •               | No No Ma                                      | ka sura yau fill aut Sal                   | hedule H: Your Codebtors (O   | fficial Form 106H)                                    |  |   |
|                 | i res. Ma                                     | ke sure you iiii out S <i>ci</i>           | ledule H. Your Codebiors (O   | iliciai Foitii 100H).                                 |  |   |
| Part 2          | Explai  | n the Sources of You                       | r Income  |   |  |   |
| F               | ill in the tota                               | I amount of income yo                      | nployment or from operatin<br>u received from all jobs and a<br>have income that you receiv | all businesses, including part-                       |  | ndar years?   |
|                 | ] No  |  |   |   |  |   |
|                 | Yes. Fill                                     | in the details.                            |   |   |  |   |
|                 |   |  | Debtor 1  |   | Debtor 2                                   |   |
|                 |   |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
|                 |   | of current year until<br>d for bankruptcy: | ■ Wages, commissions, bonuses, tips   | \$8,700.00  | ☐ Wages, commissions, bonuses, tips        | 200000  |
|                 |   |  | ☐ Operating a business  |   | ☐ Operating a business                     |   |

Official Form 107

Debtor 1 Barbara L Kozlowski Document Page 32 of 46 Case number (if known)

|   | Debtor 1   |   | Debtor 2  |  |
|---|--|---|---|--|
|   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)   | Sources of incor<br>Check all that app  |  |
| For last calendar year:<br>(January 1 to December 31, 2015)   | ■ Wages, commissions, bonuses, tips  | \$22,139.00   | ☐ Wages, comm bonuses, tips   | issions,   |
|   | ☐ Operating a business   |   | ☐ Operating a bu  | usiness  |
| For the calendar year before that:<br>(January 1 to December 31, 2014)  | ■ Wages, commissions, bonuses, tips  | \$32,132.00   | ☐ Wages, comm<br>bonuses, tips  | issions,   |
|   | ☐ Operating a business   |   | Operating a bu  | usiness  |
| and other public benefit payments; winnings. If you are filing a joint cas List each source and the gross inco  No Yes. Fill in the details.  | se and you have income that y  | ou received together, list it o   | nly once under Deb  | tor 1.   |
|   | Debtor 1   |   | Debtor 2  |  |
|   | Sources of income Describe below.  | Gross income from each source (before deductions and exclusions)  | Sources of incor<br>Describe below.   | me Gross income (before deductions and exclusions)                         |
| Part 3: List Certain Payments You   | Made Before You Filed for B  | Bankruptcy  |   |  |
| individual primarily for a  During the 90 days beform No. Go to line 7  Yes List below expaid that crunot include * Subject to adjustment  Yes. Debtor 1 or Debtor 2 or During the 90 days beform No. Go to line 7  Yes List below expanded include pay | Debtor 2 has primarily consult personal, family, or household personal, family, or household per you filed for bankruptcy, did peach creditor to whom you paid peditor. Do not include payment payments to an attorney for the ton 4/01/19 and every 3 years or both have primarily consulting you filed for bankruptcy, did beach creditor to whom you paid | d you pay any creditor a total d a total of \$6,425* or more into the form that for domestic support oblights bankruptcy case. It is after that for cases filed on the mer debts. It is a total of \$600 or more and d a total of \$600 or more and d a total of \$600 or more and d purpose. | of \$6,425* or more none or more paymations, such as child or after the date of a of \$600 or more? | nents and the total amount you d support and alimony. Also, do adjustment. |
| Creditor's Name and Address   | Dates of payme   | nt Total amount   | Amount you still owe  | Was this payment for   |

| Deb | otor 1   | Barbara L Kozlowski  | Document   | Page 33 of 46<br>Cas                              | )<br>se number ( <i>if known</i> ) |  |   |
|-----|--|--|--|---|------------------------------------|--|---|
|     |  |  |  |   |                                    |  |   |
| 7.  | Inside of whi  | n 1 year before you filed for bankruptours include your relatives; any general pach you are an officer, director, person in ness you operate as a sole proprietor. 1 my.   | artners; relatives of any ger<br>control, or owner of 20% of | neral partners; partne<br>or more of their voting | erships of which you               | ou are a gener<br>iny managing a         | al partner; corporations agent, including one for |
|     | _  | No<br>'es. List all payments to an insider.  |  |   |                                    |  |   |
|     | Insid  | er's Name and Address  | Dates of payment   | Total amount paid                                 | Amount you still owe               | Reason for                               | this payment                                      |
| 8.  | inside<br>Includ   | n 1 year before you filed for bankruptor? e payments on debts guaranteed or cos  |  | ments or transfer a                               | any property on a                  | account of a d                           | lebt that benefited an                            |
|     | _ '  | es. List all payments to an insider  |  |   |                                    |  |   |
|     | Insid  | er's Name and Address  | Dates of payment   | Total amount paid                                 | Amount you still owe               |  | this payment<br>ditor's name                      |
| Par | t 4:   | Identify Legal Actions, Repossession   | ns, and Foreclosures   |   |                                    |  |   |
| 9.  | List all modified Modified No. 1 No. | n 1 year before you filed for bankrupte I such matters, including personal injury cations, and contract disputes.  No Yes. Fill in the details.  It title I number hen Mortgage, LLC v. Barbara lowski, et.al.  H 86 |  |   | n suits, paternity a               | Status of the Pending On apport Conclude | ne case geal ded                                  |
|     |  |  |  |   |                                    | Sheriff's S                              | Sale complete                                     |
| 10. | Check  | n 1 year before you filed for bankrupto<br>all that apply and fill in the details below<br>No. Go to line 11.<br>Yes. Fill in the information below.   |  | erty repossessed, f                               | oreclosed, garni                   | shed, attache                            | d, seized, or levied?                             |
|     | Cred   | itor Name and Address  | Describe the Property  |   | Date                               |  | Value of the                                      |
|     |  |  | Explain what happene   | d   |                                    |  | property  |
| 11. | accou  | n 90 days before you filed for bankrup<br>unts or refuse to make a payment bec<br>No<br>Yes. Fill in the details.  |  | luding a bank or fir                              | nancial institutio                 | n, set off any                           | amounts from your                                 |
|     | Cred   | itor Name and Address  | Describe the action the                                      | e creditor took                                   |                                    | action was                               | Amount  |
|     |  |  |  |   | take                               | n  |   |

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a

court-appointed receiver, a custodian, or another official?

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Case number (if known) Document Debtor 1 Barbara L Kozlowski

| Pai | t 5: List Certain Gifts and Contributions   |          |   |   |                       |
|-----|---|----------|---|---|-----------------------|
| 13. | Within 2 years before you filed for bankrup  ■ No □ Yes. Fill in the details for each gift.                                   | ptcy, c  | did you give any gifts with a total value of more th  | nan \$600 per person                    | ?                     |
|     | Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift and                                  |          | Describe the gifts  | Dates you gave the gifts                | Value                 |
|     | Address:  |          |   |   |                       |
| 14. | _   | ptcy, c  | lid you give any gifts or contributions with a tota   | I value of more than                    | \$600 to any charity? |
|     | <ul><li>No</li><li>☐ Yes. Fill in the details for each gift or cor</li></ul>  | ntributi | ion   |   |                       |
|     | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) |          | Describe what you contributed   | Dates you contributed                   | Value                 |
| Pai | t 6: List Certain Losses  |          |   |   |                       |
|     | how the loss occurred   |          | be any insurance coverage for the loss  | Date of your                            | Value of property     |
| Pai |   |          | the amount that insurance has paid. List pending ce claims on line 33 of <i>Schedule A/B: Property</i> .                            |   |                       |
| 16. | consulted about seeking bankruptcy or pr  | eparir   | d you or anyone else acting on your behalf pay ong a bankruptcy petition?<br>s, or credit counseling agencies for services required |   | rty to anyone you     |
|     | □ No  |          |   |   |                       |
|     | Yes. Fill in the details.   |          |   |   |                       |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not Yo                          | u        | Description and value of any property transferred   | Date payment or transfer was made       | Amount of payment     |
|     | Vella & Lund, P.C.<br>401 West State Street, Suite 300<br>Rockford, IL 61101  |          | \$1,300.00  |   | \$1,300.00            |
| 17. | promised to help you deal with your credit Do not include any payment or transfer that y                                      | tors o   |   | or transfer any prope                   | rty to anyone who     |
|     | Yes. Fill in the details.   |          |   |   |                       |
|     | Person Who Was Paid<br>Address  |          | Description and value of any property transferred   | Date payment<br>or transfer was<br>made | Amount of payment     |

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Debtor 1 Barbara L Kozlowski

| 18.   | Within 2 years before you filed for bankrupte transferred in the ordinary course of your be include both outright transfers and transfers mainclude gifts and transfers that you have alread No  Yes. Fill in the details.                      | usiness or financial affa<br>ade as security (such as                  | airs?<br>the granting of a s |            |   |   |
|---|---|--|------------------------------|------------|---|---|
|   | Person Who Received Transfer<br>Address   | Description and property transfer                                      |                              | payme      | ibe any property or<br>ents received or debts<br>n exchange | Date transfer was made                        |
|   | Person's relationship to you  |  |                              |            |   |   |
| 19.   | <ul> <li>19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)</li> <li>No</li> </ul> |  |                              |            |   | of which you are a                            |
|   | Yes. Fill in the details.   |  |                              |            |   |   |
|   | Name of trust   | Description and  | value of the prop            | erty trans | ferred  | Date Transfer was made                        |
| Pai   | rt 8: List of Certain Financial Accounts, Ins   | struments, Safe Deposi   | t Boxes, and Sto             | rage Unit  | s   |   |
| 20  | Within 1 year before you filed for hankrunte  | v wore any financial ac  | accupte or inetru            | ımanta ba  | ld in your name, or for w                                   | our banafit alacad                            |
| 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benesold, moved, or transferred?<br>Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions houses, pension funds, cooperatives, associations, and other financial institutions. |   |  |                              |            |   |   |
|   | No  |  |                              |            |   |   |
|   | Yes. Fill in the details.   |  | _                            |            |   |   |
|   | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  | Last 4 digits of account number  | Type of accou<br>instrument  | nt or      | Date account was closed, sold, moved, or transferred        | Last balance<br>before closing or<br>transfer |
| 21.   | 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?  |  |                              |            |   | itory for securities,                         |
|   | ■ No □ Yes. Fill in the details.  |  |                              |            |   |   |
|   | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had acc<br>Address (Number, S<br>State and ZIP Code)          |                              | Describe   | the contents  | Do you still have it?                         |
| 22.   | Have you stored property in a storage unit of   | or place other than you  | r home within 1 y            | year befor | e you filed for bankrupto                                   | cy?   |
|   | ■ No □ Yes. Fill in the details.  |  |                              |            |   |   |
|   | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)  | Who else has or<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                              | Describe   | the contents  | Do you still have it?                         |
| Pai   | rt 9: Identify Property You Hold or Control   | for Someone Fise   |                              |            |   |   |
|   | Do you hold or control any property that so for someone.  |  | ude any property             | y you borr | owed from, are storing f                                    | or, or hold in trust                          |
|   | ■ No □ Yes. Fill in the details.  |  |                              |            |   |   |
|   | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the prop<br>(Number, Street, City, S<br>Code)                 |                              | Describe   | the property  | Value   |
| Pа  | rt 10: Give Details About Environmental Info  | ,  |                              |            |   |   |
|   |   |  |                              |            |   |   |
| For   | the purpose of Part 10, the following definition  | ons apply:   |                              |            |   |   |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

| Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of the No Yes. Fill in the details. | of an environmental law?                           |  |  |  |
|---|--|--|--|--|
| ■ No □ Yes. Fill in the details.  | of an environmental law?                           |  |  |  |
| Yes. Fill in the details.   |  |  |  |  |
| Name of site  |  |  |  |  |
| Name of site Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Environmental late know it ZIP Code)   | w, if you Date of notice                           |  |  |  |
| 25. Have you notified any governmental unit of any release of hazardous material?   |  |  |  |  |
| ■ No □ Yes. Fill in the details.  |  |  |  |  |
| Name of site  Address (Number, Street, City, State and ZIP Code)  Governmental unit  Address (Number, Street, City, State and ZIP Code)  Environmental late know it know it   | w, if you Date of notice                           |  |  |  |
| 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include   | de settlements and orders.                         |  |  |  |
| ■ No<br>□ Yes. Fill in the details.   |  |  |  |  |
| Case Title Court or agency Nature of the case Name Address (Number, Street, City, State and ZIP Code) Nature of the case  | Status of the case                                 |  |  |  |
| Part 11: Give Details About Your Business or Connections to Any Business  |  |  |  |  |
| 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following con   | nections to any business?                          |  |  |  |
| ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part  | t-time   |  |  |  |
| ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  |  |  |  |  |
| ☐ A partner in a partnership  |  |  |  |  |
| ☐ An officer, director, or managing executive of a corporation  |  |  |  |  |
| ☐ An owner of at least 5% of the voting or equity securities of a corporation   |  |  |  |  |
| No. None of the above applies. Go to Part 12.   |  |  |  |  |
| ☐ Yes. Check all that apply above and fill in the details below for each business.  |  |  |  |  |
| 1 7   | fication number<br>Social Security number or ITIN. |  |  |  |
| (Number, Street, City, State and ZIP Code)  Name of accountant or bookkeeper  Dates business  | Dates business existed                             |  |  |  |
| 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your institutions, creditors, or other parties.  | business? Include all financial                    |  |  |  |
| ■ No □ Yes. Fill in the details below.  |  |  |  |  |
| Name Address (Number, Street, City, State and ZIP Code)   |  |  |  |  |

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6

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Debtor 1 Barbara L Kozlowski

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| /s/ Ba | s/ Barbara L Kozlowski              |  |  |  |  |  |  |
|--------|-------------------------------------|--|--|--|--|--|--|
|        | ara L Kozlowski<br>ture of Debtor 1 | Signature of Debtor 2  |  |  |  |  |  |
| Date   | May 18, 2016                        | Date   |  |  |  |  |  |
|        | u attach additional p               | ages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |  |  |  |  |  |
| No     |                                     |  |  |  |  |  |  |
| ☐ Yes  | i                                   |  |  |  |  |  |  |
| Did yo | u pay or agree to pa                | y someone who is not an attorney to help you fill out bankruptcy forms?                                |  |  |  |  |  |
| No     |                                     |  |  |  |  |  |  |
| □ Yes  | . Name of Person                    | . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).    |  |  |  |  |  |

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|                                 |  | Docume   | eni Paye 30 01 40                  |   |  |  |
|---------------------------------|--|--|------------------------------------|---|--|--|
| Fill in this inform             | mation to identify your  | case:  |                                    |   |  |  |
| Debtor 1                        | Barbara L Kozlow   | rski   |                                    |   |  |  |
|                                 | First Name   | Middle Name                                    | Last Name                          |   |  |  |
| Debtor 2<br>(Spouse if, filing) | First Name   | Middle Name                                    | Last Name                          |   |  |  |
| United States Ba                | inkruptcy Court for the:   | NORTHERN DISTRICT                              | OF ILLINOIS                        |   |  |  |
| Case number _                   |  |  |                                    | ☐ Check if this is an amended filing  |  |  |
|                                 | Official Form 108  Statement of Intention for Individuals Filing Under Chapter 7 |  |                                    |   |  |  |
|                                 | ividual filing under cha<br>e claims secured by yo                               | oter 7, you must fill out t<br>ur property, or | this form if:                      |   |  |  |
| You must file this              | s form with the court we<br>ever is earlier, unless th                           |  | ile your bankruptcy petition or b  | y the date set for the meeting of creditors, copies to the creditors and lessors you list |  |  |
|                                 | eople are filing together  | in a joint case, both are                      | equally responsible for supplyi    | ng correct information. Both debtors must   |  |  |
|                                 | and accurate as possib<br>our name and case nur                                  |  | led, attach a separate sheet to th | nis form. On the top of any additional pages,   |  |  |

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt?  | Did you claim the property as exempt on Schedule C |
|---|--|--|
| Creditor's Goshen Mortgage, LLC                           | ■ Surrender the property.  | □ No   |
| name:  Description of 202 Talladega Dr., S.W., Poplar     | <ul><li>☐ Retain the property and redeem it.</li><li>☐ Retain the property and enter into a<br/>Reaffirmation Agreement.</li></ul> | Yes  |
| property Grove, IL 61108 securing debt:                   | ☐ Retain the property and [explain]:   |  |
| Creditor's Midwest Community Bank                         | ■ Surrender the property.  | □No  |
| name:   | Retain the property and redeem it.   | ■ Yes  |
| Description of 202 Talladega Dr., S.W., Poplar            | ☐ Retain the property and enter into a<br>Reaffirmation Agreement.   | _ 100  |
| property Grove, IL 61108 securing debt:                   | ☐ Retain the property and [explain]:   |  |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

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| Debt          | or 1              | Barbara L Kozlowski   | Case number (if known)  |    |
|---------------|-------------------|---|---|----|
|               | •                 | ame:<br>n of leased   | □ No  |    |
|               |                   | ame:<br>a of leased   | □ No  |    |
|               |                   | ame:<br>a of leased   | □ No  |    |
|               |                   | ame:<br>a of leased   | □ No  |    |
|               |                   | ame:<br>a of leased   | □ No  |    |
|               |                   | ame:<br>n of leased   | □ No  |    |
|               |                   | ame:<br>a of leased   | □ No  |    |
| Part :        | 3: \$             | Sign Below  |   |    |
| Unde<br>prope | r pena<br>erty th | alty of perjury, I declare that I have indica<br>at is subject to an unexpired lease. | d my intention about any property of my estate that secures a debt and any person | al |
| X             | /s/ Ba            | arbara L Kozlowski  | X   |    |
|               |                   | <b>ara L Kozlowski</b><br>ture of Debtor 1  | Signature of Debtor 2   |    |
|               | Date              | May 18, 2016  | Date  |    |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-81230 Doc 1 Filed 05/18/16 Entered 05/18/16 10:48:06 Desc Main Document Page 44 of 46

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

| In re  | Barbara L Kozlowski   |   | Case No.                             |                       |                 |  |  |
|--------|---|---|--------------------------------------|-----------------------|-----------------|--|--|
|        |   | Debtor(s)   | Chapter                              | 7                     |                 |  |  |
|        | DISCLOSURE OF COMP  | PENSATION OF ATTOR  | RNEY FOR D                           | EBTOR(S)              |                 |  |  |
| C      | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: |   |                                      |                       |                 |  |  |
|        | For legal services, I have agreed to accept   |   | \$                                   | 1,300.00              |                 |  |  |
|        | Prior to the filing of this statement I have receive  | ed  | s                                    | 1,300.00              |                 |  |  |
|        | Balance Due   |   | \$                                   | 0.00                  |                 |  |  |
| 2. 7   | The source of the compensation paid to me was:  |   |                                      |                       |                 |  |  |
|        | ■ Debtor □ Other (specify):   |   |                                      |                       |                 |  |  |
| 3. T   | The source of compensation to be paid to me is:   |   |                                      |                       |                 |  |  |
|        | ■ Debtor □ Other (specify):   |   |                                      |                       |                 |  |  |
| 4.     | ■ I have not agreed to share the above-disclosed co   | ompensation with any other person   | unless they are mer                  | nbers and associates  | of my law firm. |  |  |
|        | ☐ I have agreed to share the above-disclosed competopy of the agreement, together with a list of the  |   |                                      |                       | law firm. A     |  |  |
| 5. ]   | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:   |   |                                      |                       |                 |  |  |
| t<br>c | a. Analysis of the debtor's financial situation, and re b. Preparation and filing of any petition, schedules, s c. Representation of the debtor at the meeting of cred f. [Other provisions as needed]  Negotiations with secured creditors t reaffirmation agreements and applica 522(f)(2)(A) for avoidance of liens on   | statement of affairs and plan which<br>ditors and confirmation hearing, an<br>to reduce to market value; exe<br>ations as needed; preparation | may be required; ad any adjourned he | arings thereof;       | filing of       |  |  |
| б. I   | By agreement with the debtor(s), the above-disclosed Representation of the debtors in any any other adversary proceeding.   |   |                                      | ces, relief from sta  | y actions or    |  |  |
|        |   | CERTIFICATION   |                                      |                       |                 |  |  |
|        | certify that the foregoing is a complete statement of ankruptcy proceeding.   | any agreement or arrangement for  | payment to me for                    | representation of the | debtor(s) in    |  |  |
| М      | lay 18, 2016  | /s/ Roger B. Kelle  | rman                                 |                       |                 |  |  |
|        | ate   | Roger B. Kellerm  | an                                   |                       |                 |  |  |
|        |   | Signature of Attorne<br>Vella & Lund, P.C   |                                      |                       |                 |  |  |
|        |   | 401 West State St   | treet, Suite 300                     |                       |                 |  |  |
|        |   | Rockford, IL 6110<br>(815) 965-7979 F   |                                      | 34                    |                 |  |  |
|        |   | Name of law firm  | (0.0) 000 100                        |                       |                 |  |  |

# **United States Bankruptcy Court**Northern District of Illinois

| -     | Dankana I. Kanlawaki  |   | C N                |  |
|-------|---|---|--------------------|--|
| In re | Barbara L Kozlowski   | Debtor(s)   | Case No. Chapter 7 |  |
|       | VERIFICATION OF CREDITOR MATRIX   |   |                    |  |
|       |   | Number of Creditors: 10   |                    |  |
|       | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. |   |                    |  |
| Date: | May 18, 2016  | /s/ Barbara L Kozlowski Barbara L Kozlowski Signature of Debtor |                    |  |

Anthem Life Claim Center P.O. Boc 105426 Atlanta, GA 30348

Barclays Bank Delaware Po Box 8801 Wilmington, DE 19899

Candlewick Lake Association c/o Theresa Balk, Registered Agent 13400 Rte. 76 Poplar Grove, IL 61065

Carmax Auto Finance Po Box 440609 Kennesaw, GA 30160

CarMax Auto Finance P.O. Box 3174 Milwaukee, WI 53201

Comenity Bank/vctrssec Po Box 182125 Columbus, OH 43218

Discover Financial Attn: Bankruptcy Po Box 3025 New Albany, OH 43054

Goshen Mortgage, LLC c/o Attorney Megan Hubbard 105 W. Madison, Suite 1500 Chicago, IL 60602

Midwest Community Bank 3963 N. Perryville Road Rockford, IL 61114

Synchrony Bank/ JC Penneys Attn: Bankrupty Po Box 103104 Roswell, GA 30076